

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: \_\_\_\_\_

2 Serial/Patent 101524316

3 Please refund the following fee(s):

4 PAPER  
NUMBER

5 DATE  
FILED

6 AMOUNT

Filing

1

04/16/05

\$ 500

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

Petition

\$

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

\$

7 TOTAL AMOUNT  
OF REFUND

\$ 500

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

X

9 06 -- 0308

10 REASON:

X Overpayment

Duplicate Payment

No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

TITLE:

SIGNATURE: P. Keen

PHONE: 203 308 9140

OFFICE: PCT

\*\*\*\*\* THIS SPACE RESERVED FOR FINANCE USE ONLY: \*\*\*\*\*

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*